

Holbrook Public Schools

HARASSMENT COMPLAINT FORM

Complainant _____

Home Address _____

School/Work Address _____

Home Phone _____

School/Work Phone _____

Date of alleged incident(s) _____

Type of Harassment:

_____ Sexual	_____ Marital Status
_____ Racial	_____ Sexual Orientation
_____ Religious	_____ Disability
_____ National Origin	_____ Gender Identity

Name of person you believe harassed you or another person: _____

If the alleged harassment was toward another person, identify that other person: _____

When and where did the incident occur? _____

List any witnesses who were present: _____

This complaint is based upon my honest belief that _____ has harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

(Complainant's Signature) (Date)

(Received by) (Date)

Submit to: Director of Pupil Personnel Services or Building Principals
Holbrook Public Schools
245 South Franklin Street
Holbrook, MA 02343
781-767-1226

Please provide additional information on the back of this form.

Adopted: March 19, 2008,
Amended: August 20, 2008, April 14, 2010, March 23, 2017, December 17, 2020